

HUMAN SERVICES BOARD

INTRODUCTION

FINDINGS OF FACT

2. HAEU received a \$34 payment from petitioner in June 2008 that was credited to his account. Petitioner was not receiving benefits at that time.

3. Starting with a notice dated June 29, 2008, there was correspondence from HAEU to petitioner regarding his potential eligibility for health insurance through one of the state programs pending petitioner providing information from his employer. HAEU first considered petitioner's eligibility for ESIA (Employer-Sponsored Insurance Premium Assistance) or CHAP (Catamount Health Premium Assistance Program) and sent petitioner a bill for \$60 due August 15, 2008 for CHAP coverage starting September 1, 2008.

4. D.M., HAEU benefits program specialist, testified that petitioner telephoned in wage changes on July 11, 2008 stating that he was working less hours. On July 30, 2008, HAEU sent petitioner a Notice of Decision informing petitioner that VHAP-Limited coverage began on July 30, 2008 but if HAEU did not receive his premium by August 31, 2008, his eligibility would be cancelled and his services would not be covered.

5. Although HAEU changed petitioner's status to VHAP, petitioner's CHAP case was not closed and there is no indication that a premium notice was sent to petitioner for his VHAP coverage.

6. On August 20, 2008, HAEU sent petitioner a notice that his VHAP would be cancelled on August 31, 2008 since he had not paid his premium.

7. On September 29, 2008, HAEU sent petitioner a Notice of Decision that his coverage would begin on September 29, 2008 provided that he paid his premium by October 31, 2008.

8. On September 30, 2008, HAEU sent petitioner a bill for \$33 due by October 15, 2008.

9. HAEU used the \$34 credit from June 2008 for October 2008 coverage. Petitioner paid HAEU \$68 on October 2, 2008 that was credited to VHAP coverage for November and December 2008. Petitioner made no payments to HAEU between June 2008 and October 2, 2008.

10. Petitioner has medical expenses for September 2008.

ORDER

The Department's decision is affirmed.

REASONS

In response to a legislative directive (Act 66 of 2003) to enact cost-savings measures designed to sustain public health care assistance programs, the Department adopted regulations establishing monthly premiums to be paid

prospectively by VHAP recipients beginning on January 1, 2004. W.A.M. § 4001.91. The regulations allow the Department to disenroll an individual who does not pay the required premium by the billing deadline. There is no automatic grace period for late payments. Once an individual is disenrolled, the individual needs to reapply. W.A.M. § 4002.3(B).

Petitioner faced the necessity of reapplying for health care assistance after his VHAP case was closed on March 31, 2008. HAEU and the petitioner made efforts to enroll petitioner in the appropriate health assistance program starting in June 2008. The confused history in petitioner's case demonstrates efforts to place petitioner in the appropriate program starting with the June 29, 2008 notice.

The Department has a number of programs depending on the individual's income level. In June 2008, petitioner's income placed him above the VHAP guidelines but within the guidelines for either ESIA or CHAP. After petitioner notified HAEU in mid-July that his work hours had decreased, his income fell under the VHAP guidelines.

HAEU then issued a Notice on July 30, 2008 finding petitioner eligible for VHAP. HAEU did not apply the June 2008 credit to VHAP. HAEU could have applied the June 2008

credit to August 2008 and then issued a bill for September 2008 VHAP coverage; this was not done. Instead, HAEU cancelled coverage.

Petitioner did receive notice on August 20, 2008 of the proposed August 31, 2008 cancellation, but did not appeal that decision nor ask that his credit be used. In addition, petitioner made no payments from June 2008 to October 2, 2008.

Petitioner was not enrolled in VHAP until September 29, 2008. The problem is that VHAP coverage is conditioned upon payment of a premium. HAEU used the \$34 credit on petitioner's account from June 2008 for October 2008 coverage. HAEU next received payments from petitioner on October 2, 2008 that were applied to future coverage.

The question is how to treat petitioner's request for retroactive September 2008 coverage. Although both parties have not properly followed through with program requirements, there does not appear to be any way under the VHAP regulations for retroactive coverage when an individual has not paid the premium. Accordingly, the Department's decision is affirmed. 3 V.S.A. § 3091(d), Fair Hearing Rule No. 1000.4(D).

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